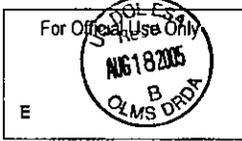


# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9860</u>	2 Fiscal Year Covered From <u>01/04/</u> Through <u>12/31/04/</u>
3 Name and address of person filing Name <u>KEVIN REDDY</u>  P O Box, Bldg, Room No., if any  Street <u>35 SALINA AVE</u> City <u>JOHNSON R.I</u> State <u>R.I</u> ZIP Code + 4 <u>02919</u>	4 Name, file number, and address of labor organization Name <u>TEAMSTERS LOCAL 251</u> Labor Organization File Number <u>004-870030541</u>  P O Box, Building and Room Number, if any  Street <u>121 BRIGHT RIDGE AVE</u> City <u>EAST PROV.</u> State <u>R.I</u> ZIP Code + 4 <u>02914</u>
5 Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <u>LOW SPERLING V.P. R.I.H</u> Trade Name, if any <u>RHODE ISLAND HOSPITAL</u>  P O Box, Bldg, Room No., if any  Street <u>593 Eddy</u> City <u>PROVIDENCE</u> State <u>R.I</u> ZIP Code + 4 <u>02903</u>	7 a Nature of Interest, Transaction, or Income <u>LUNCH MEETING GRIEVANCE SETTLEMENT</u>  7 b Amount <u>\$40.00</u>

Signature Kevin Reddy

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Kevin Reddy</u>	On <u>8/5/04</u>	<u>401 349 2030</u>
	Date	Telephone Number

Name of Person Filing **KEVIN REDDY** File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name **COIA + CEPORE LTD**  
Trade Name if any  
P O Box, Bldg, Room No., if any  
Street **226 SOUTH MAID ST**  
City **PROVIDENCE**  
State **R.I.** ZIP Code + 4 **02903**

9 Business deals with

- a Labor Organization
- b Trust
- c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **TEAMSTERS LOCAL 251 H.S.I.P.**  
Trade Name, if any  
P O Box, Bldg, Room No., if any  
Street **1201 ELMWOOD AVE**  
City **PROVIDENCE**  
State **R.I.** ZIP Code + 4 **02907**

11 a Nature of such dealing

**PROVIDES LEGAL BENEFIT FOR PARTICIPANTS IN 251 H.S.I.P.**

11 b Approximate dollar value of such dealing **263,712.80**

12 a Nature of interest held or income received

**CASE OF WINE CHRISTMAS GIFT**

12 b Amount **100.00**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name **TEAMSTERS LOCAL 251 HSIP**  
Trade Name, if any  
P O Box, Bldg, Room No., if any  
Street **1201 Elmwood Ave**  
City **PROV**  
State **RI** ZIP Code + 4 **02907**

14 a Nature of payment

**Reimbursement for ~~Cash~~ Expenses incurred at out of town meeting (TAXI, TIPS, MEALS)**

13 b Is the Business an Employer or Consultant ?

**TRUST**

14 b Amount of payment

**\$140.**

Name of Person Filing **KEVIN REDDY** File Number U-

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

8 Name and address of Business (including trade name, if any)  
 Name **SECAL CO**  
 Trade Name, if any  
 P O Box, Bldg, Room No, if any  
 Street **1165 HUNTINGTON AVE**  
 City **BOSTON**  
 State **MASSACHUSETTS** ZIP Code + 4 **02116**

9 Business deals with  
 a Labor Organization  
 b Trust  
 c Employer

10 If 9 b or 9 c is checked give trust or employer's name  
 Name **TEAMSTERS LOCAL 251 H.S. LP**  
 Trade Name, if any  
 P O Box, Bldg, Room No, if any  
 Street **1201 ELMWOOD AVE**  
 City **PROVIDENCE**  
 State **R.I.** ZIP Code + 4 **02907**

11 a Nature of such dealing  
**ACCURIAL + CONSULTING SERVICES**

11 b Approximate dollar value of such dealing **106,000**

12 a Nature of interest held or income received  
**CIRQUE DU SOLIEL 1/3 COST ON 12/1/02**

12 b Amount **4166**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  
 Name  
 Trade Name, if any  
 P O Box, Bldg, Room No, if any  
 Street  
 City  
 State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

Name of Person Filing **KEVIN REDDY** File Number U-

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)  
 Name **PROVIDENCE GROUP (MILLENBANKS)**  
 Trade Name, if any  
 P O Box, Bldg, Room No., if any  
 Street **200 TURKS HEADPLACE SUITE 900**  
 City **PROVIDENCE**  
 State **R.I.** ZIP Code + 4 **02902**

9 Business deals with  
 a Labor Organization  
 b Trust  
 c Employer

10 If 9 b or 9 c is checked give trust or employer's name  
 Name **TEAMSTERS LOCAL 251 H.S.I.P.**  
 Trade Name, if any  
 P O Box, Bldg, Room No., if any  
 Street **1201 ELMWOOD AVE**  
 City **PROV. R.I.**  
 State **R.I.** ZIP Code + 4 **02907**

11 a Nature of such dealing  
**PROVIDES INVESTMENT ADVICE TO H.S.I.P. INVESTMENT MGR.**

11 b Approximate dollar value of such dealing **71,499.52**

12 a Nature of interest held or income received  
**1/3 PRICE OF TICKET TO CIRCUS DU SOLHEL**

12 b Amount **211.66**

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  
 Name  
 Trade Name, if any  
 P O Box, Bldg, Room No., if any  
 Street  
 City  
 State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

Name of Person Filing <b>KEVIN REDDY</b>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>UNITED HEALTH CARE</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>475 KILVERT ST</b></p> <p>City <b>WARWICK</b></p> <p>State <b>R. I.</b> ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="radio"/> b Trust</p> <p>c Employer</p>
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<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEAMSTERS LOCAL 251</b> <b>H.S.I.P</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROVIDENCE</b></p> <p>State <b>R. I.</b> ZIP Code + 4 <b>02907</b></p>	<p>11 a Nature of such dealing</p> <p><b>BIDDING to PROVIDE</b> <b>HEALTH CARE TO LOCAL 251</b> <b>H.S.I.P</b></p>
	<p>11 b Approximate dollar value of such dealing <del>20000</del> <b>0</b></p>
	<p>12 a Nature of interest held or income received</p> <p><b>DINNER + <del>TRAVEL</del></b></p>
	<p>12 b Amount <b>86.31</b></p>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing **KEVIN REDDY** File Number U-

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)  
 Name **DAVIS VISION**  
 Trade Name, if any  
 P O Box, Bldg , Room No , if any  
 Street **154 EXPRESS ST**  
 City **PLAINVIEW**  
 State **N.Y.** ZIP Code + 4

9 Business deals with  
 a Labor Organization  
 b Trust  
 c Employer

10 If 9 b or 9 c is checked give trust or employer's name  
 Name **TEAMSTERS LOCAL 251  
H.S.I.P**  
 Trade Name, if any  
 P O Box, Bldg , Room No , if any  
 Street **1701 ELMWOOD AVE**  
 City **PROVIDENCE**  
 State **R.I** ZIP Code + 4 **02907**

11 a Nature of such dealing  
**PROVIDE EYE CARE  
 + GLASSES TO  
 PARTICIPANTS IN H.S.I.P**

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received  
**CIRQUE DU SOLIEL  
 1/3 COST OF TICKET**

12 b Amount **41.66**

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  
 Name  
 Trade Name, if any  
 P O Box, Bldg , Room No , if any  
 Street  
 City  
 State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment